

Implementing a Measurement Feedback System in a Psychology Graduate Training Clinic



Elizabeth Wynn, Molly Mechammil, Brent Gage, Michael Levin, Ph.D. & Rick Cruz, Ph.D.

1. Introduction

Background

- A Measurement Feedback System (MFS) is a software tool that routinely gathers symptom level information from psychotherapy clients.
- MFS's allow clinicians to identify when clients are at risk to treatment failure.
- The data gathered from MFS's can be collected into a database for clinical research.

Gap in the Literature

- Past studies have focused primarily on the use of MFS's as clinical support tools and not as potential research tools.
- There is a lack of research on the use of MFS in graduate student training clinics.

Study Aim

- This study aimed to provide a framework for the implementation of MFS's as both a clinical support and a research tool.
- We collected qualitative information about the unique challenges and/or benefits of implementation in a graduate student training.

2. Method

USU Community Clinic

- The USU Community Clinic is the graduate training clinic for students from Utah State University's psychology department

- Psychotherapy for a variety disorders is offered to clients of all ages.

OwlOutcomes

- OwlOutcomes is an MFS that provides therapists with a range of measures that can be completed routinely by clients on an iPad or other electronic device (see figure 1a).

- Graphic results showing the change in a client's symptom levels over time is instantly available to the clinician (see figure 1b).

➤ **Funding:** This research was supported by a training grant from the Society for a Science of Clinical Psychology. **PI: Rick Cruz; Co-PI: Michael Levin.** We thank the participating clients, student therapists, staff, and program faculty who participated in the implementation of this project.

2. Method - continued

Implementation Phases

▪ Planning Phase

- Framework for the clinical research database established.
- Clinic procedures associated with OwlOutcomes developed.
- Privacy concerns dealing with clinical database and software addressed.
- IRB approval acquired

▪ Alpha (small-scale) Implementation

- Select clinicians trained to use the system
- Small sample of clients began therapy using OwlOutcomes

▪ Adjustment Phase (Summer 2016)

- Improvements will be made to current procedures in anticipation of full-scale implementation.

▪ Beta (full) Implementation (Fall 2016)

- OwlOutcomes will be introduced to all 2nd year practicum students and used with the majority of clients.

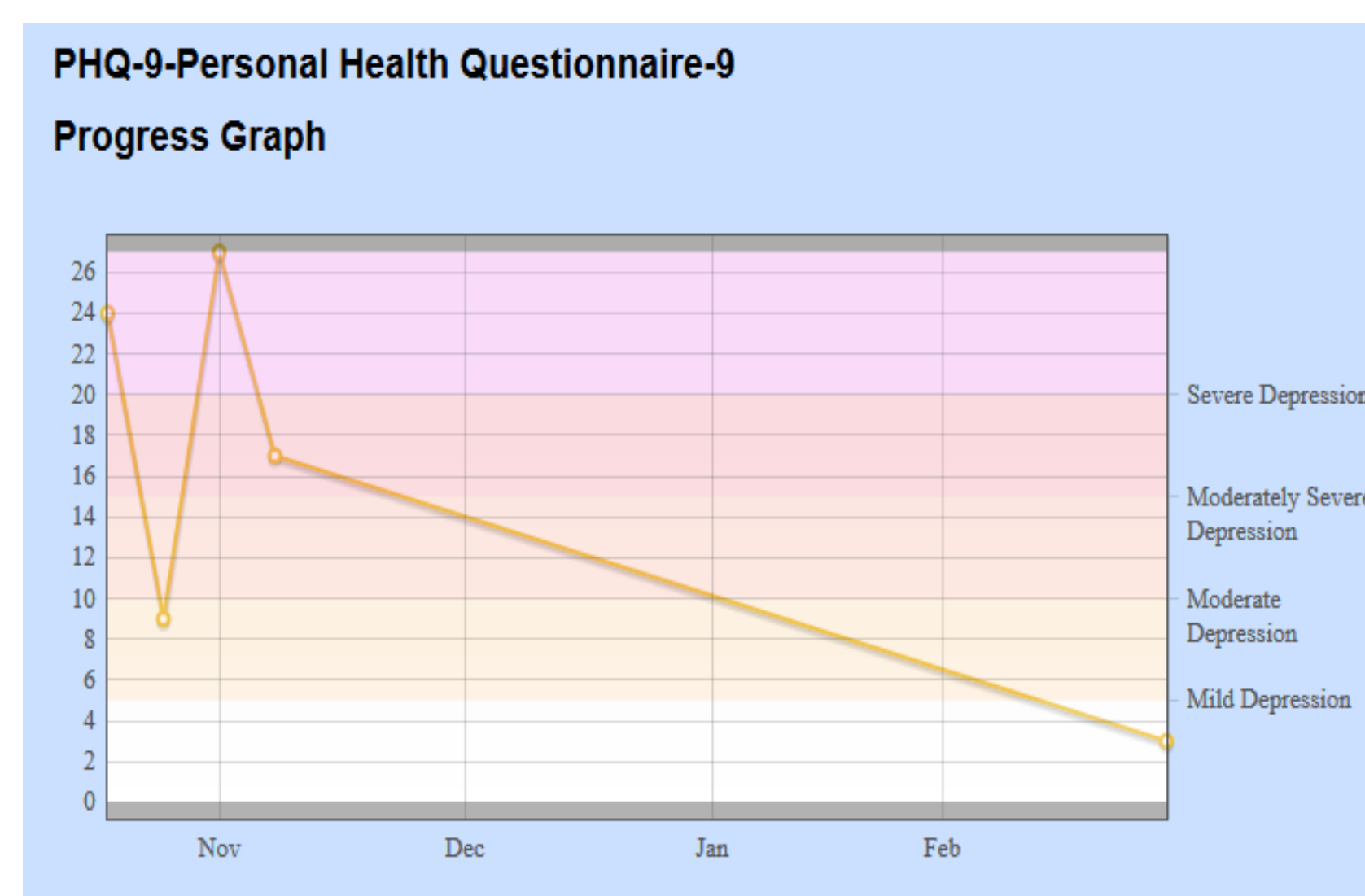


Figure 1b

Figure 1a

Figure 1- OwlOutcome interface for a) taking a measure b) a graph of symptoms

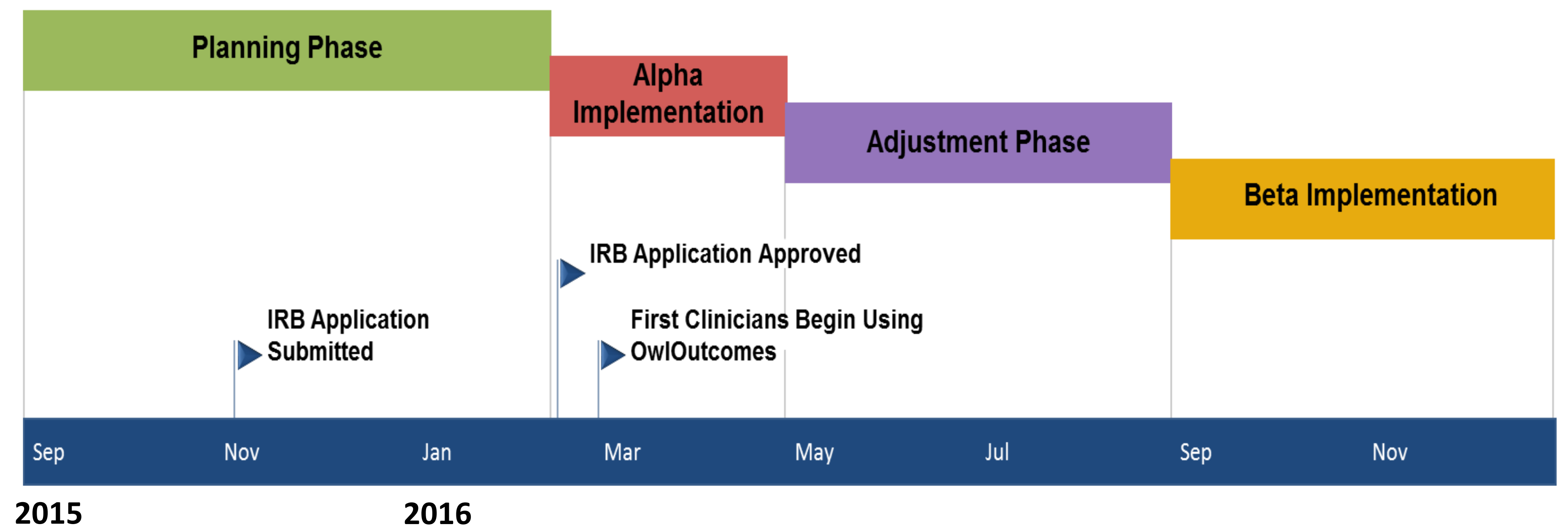


Figure 2- Timeline of implementation

3. Results

Implications of Creating a Research Database

- Extra precautions had to be taken in terms of the IRB application process, and in vetting the web-based technology, to ensure protection of client private health information.

- Because of the need to secure client data along with the logistics of the OwlOutcomes software, security and data sharing issues had to be addressed when setting up the database.

- The initial planning phase, including the IRB application process, was considerably lengthened because of the novelty of the data collection technology at the institution.

Using an MFS in a Training clinics

- Student clinicians, clinic administrators, and supervisors were all relatively eager and open to the new system.

- Client intake fluctuated, with more clients being admitted at the beginning of the semester, affecting the implementation timeline.

Further Observations

- A small-scale implementation with only a few clinicians provided the opportunity to establish procedures and overcome obstacles.

- Communication between researchers and key players (i.e. clinic administrators, supervisors, student clinicians) was essential to smooth implementation.

- Attending to these issues allowed us to initiate the alpha implementation, and provided a foundation for larger beta implementation in Fall 2016

4. Conclusions

- Though the client intake fluctuations of a student training clinic may be an issue, there are potential benefits to implementation in these clinics such as the positive attitudes initial positive of clinicians toward the new software.

- Including research goals in the implementation process requires much more time, thought, and resources than implementation solely as a clinical treatment tool.

- A small-scale implementation can be useful in the beginning, especially when a research database is being created in conjunction with implementation.

- When implementing an MFS for both research and clinical purposes, it is essential to establish a balance between the two interests to ensure that both research and treatment goals are met.

- These findings were made from the qualitative observations of researchers. Further quantitative and qualitative data concerning clients, clinicians, administrators, and supervisors attitudes and views towards OwlOutcomes will inform adjustments that should be made in procedures dealing with the new system.

5. References

1. Shimokawa, K., Lambert, M. J., & Smart, D. W. (2010). Enhancing treatment outcome of patients at risk of treatment failure: meta-analytic and mega-analytic review of a psychotherapy quality assurance system. *Journal of Consulting and Clinical Psychology*, 78(3), 298–311. <http://doi.org/10.1037/a0019247>
2. Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D. W., Shimokawa, K., & Sutton, S. W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology*, 61(2), 155–163. <http://doi.org/10.1002/jclp.20108>